



KIDVENTURE



STUDENT REGISTRATION FORM 2014-2015

NON-REFUNDABLE \$30 REGISTRATION FEE IS DUE AT THE TIME OF REGISTRATION FOR EACH CHILD

Schedule for KidVenture:

Tuesday, Wednesday, Thursday - 8:30 am-11:30 am ☐ \$135/Month

Tuesday, Wednesday, Thursday - 12:00 pm-3:00 pm ☐ \$135/Month

Location: Recreation Center A (Modular Building Behind Skate Park) 405 S. 4th Street

Paying by Automatic Payment (registration fee is waived) ☐ Yes ☐ No

EMAIL ADDRESS FOR ELECTRONIC INVOICING- _____

CHILDS INFORMATION:

Child's Legal Name _____ DOB _____ Age _____

Child's preferred (nick) name _____ Gender ☐ Male ☐ Female

Home Address _____ Phone _____

Billing/Mailing Address _____

City/State _____ Zip _____

PARENT/GUARDIAN CONTACT INFORMATION:

Child Lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____

Guardian #1 _____ Guardian #2 _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

EMERGENCY CONTACT(s) OTHER THAN PARENTS THAT ARE AUTHORIZED TO PICK CHILD UP: (List all that could pick up child)

NAME _____ Relation _____ Phone _____

NAME _____ Relation _____ Phone _____

NAME _____ Relation _____ Phone _____

NAME _____ Relation _____ Phone _____

NAME _____ Relation _____ Phone _____

Office Use Only: Who received registration form? _____ **Date** _____

Copies given to: ☐ Jennifer ☐ KidVenture Teacher

KidVenture
2014 - 2015 HEALTH & RELEASE RECORD

_____/_____/____ Sex ☐ M ☐ F
(Child's Last Name) (First Name) Birthdate

Parent/Guardian: _____ work# _____ cell# _____

If Parent/Guardian(s) are not available in an emergency, notify:

NAME: _____ Phone: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

OTHER: Please use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the staff should be aware.

Health History (Check all that applies)

ASTHMA

Does your child have asthma ☐ NO ☐ YES – *Does your Child use an inhaler? ☐ YES ☐ NO

ALLERGIES

Does your child have Allergies: ☐ Food ☐ Hay Fever ☐ Poison Oak ☐ Insect Stings ☐ Penicillin ☐ Other _____?

Food Allergies (please list all) _____

Has your child been stung by a bee? ☐ YES ☐ NO

Has your child had any of the following conditions- (check all that apply) ☐ Convulsions ☐ Diabetes ☐ Behavioral Issues

Past Illnesses _____ Operations/Serious Injuries _____

Is Child prone to chronic or recurring illness? _____

Other Conditions or Details of above: _____

Any specific health/activity restrictions? _____

CURRENT CONDITONS: Appliances Worn (Glasses, retainers): _____

Conditions which modify activity (seizures, amnesia, heart condition, etc.) _____

Does child have medical insurance? ☐ Yes ☐ No

Insurance Company Name _____ Policy # _____

Name of Insured: _____ Relationship _____

***PERSCRIPTION and NON-PERSCRIPTION MEDICATIONS WILL NOT BE ADMINISTERED BY STAFF**

CONSENT FOR EMERGENCY MEDICAL TREATMENT & MEDICATION (Initial & Sign)

_____. In case of emergency, I give authority to KidVenture staff to obtain emergency treatment for my child with the understanding that the family will be notified as soon as possible, and I hereby authorize the doctor or the hospital to which my child may be brought (and whomever they may designate as their assistants) to perform any emergency procedure or operation, to give treatment, and to administer an anesthetic to my child during his/her stay at the KidVenture Program.

By my signature, I hereby certify that all above information is approved and correct.

Printed Name (print name): _____ Relationship to child: _____

Signature: _____ Date: _____

An Explanation

In emergency situations, where for some reason the parent/guardian of the child cannot be contacted immediately, this form may be extremely important. The medical authorization granted by this form will be used only where absolutely necessary. This authorization will be kept on the file at the KidVenture, and will be under the care of the Program Director on location at facilities utilized by the City of Central Point.

KidVenture
2014 – 2015 RELEASE RECORD

Participants in the City of Central Point Parks and Recreation Department activities are not covered by medical or accident insurance. Each participant must furnish his or her own personal coverage. As a participant (or parent of a participant under 18 years of age), I am aware of and voluntarily assume all risks of physical injury normally incident to the activities and program offered by the City of Central Point Parks & Recreation Department to which my child may be exposed by participating. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel. I further understand that FEES for KidVenture DO NOT include medical/ Accident Insurance. Medical bills incurred are the responsibility of the parent. I understand that my signature indicates that I am in agreement to provide necessary information, including information required by law or by the custodial agreement with others that share the custody of the registered camper. My signature also indicates that the information is correct in this registration form and that I have read and am in agreement with the information contained in this registration form.

FINANCIAL STATEMENT OF LIABILITY (INITIAL BELOW)

_____ I understand that monthly payments are due on the **first of the month** and should be made payable to the City of Central Point. I further understand that **if my payment is more than 10 days overdue a late fee of \$25.00 will be added to my account.** If my payment has not been received by the next monthly payment due date and payment arrangements have not been made with the Finance Department at the City of Central Point my child will not be allowed to attend the KidVenture until my account is current.

_____ I understand that I must provide KidVenture Preschool/Central Point Parks and Recreation with **30 days' notice if I am withdrawing my child from the program.** (Example-if you are removing a child on Feb 1, you must alert the Parks and Recreation office no later than January 1st)

PHOTO/FIELD TRIP RELEASE (INITIAL BELOW)

_____ I give permission for my child's picture to be used by the City of Central Point KidVenture in promotional materials without compensation (e.g. calendar, brochure, video, website, etc.)

_____ I hereby give permission for my child to participate in all program activities and to be transported to and from program facilities unless noted otherwise on this form.

By my signature, I hereby certify that I have read and understand the information listed above.

Printed Name (print name): _____ Relationship to child: _____

Signature: _____ Date: _____